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PTO/SB/81 (09-03)
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## **POWER OF ATTORNEY** and **CORRESPONDENCE ADDRESS INDICATION FORM**

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POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM	Application Number	10/593,946		
	Filing Date	09/22/2006		
	First Named Inventor	Andreas Birle		
	Title	Gas Injector		
	Art Unit			
	Examiner Name			
	Attorney Docket Number	3622		

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I hereby appoint:	•				_		
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Address	2900 Thomas Ave. S	., Suite 100					
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City .	Minneapolis		State	MN	Zip	55416	
Country	USA						
Telephone	612-915-9633		Fax	612-915-9637			
am the:							
Applicant/Inventor.							
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)							
SIGNATURE of Applicant or Assignee of Record							
Name Andreas Birle /							
Signature A 1 1 2/							
Date 18th Telephone Telephone							
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.							
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Address			I Giota I		l 7io	I	
City	Minneapolis		State	MN	Zip	55416	
Country Telephone	USA 612-915-9633		Fax	612-915-963	37		
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Applicant/Inventor.							
Assignee of record of the entire interest. See 37 CFR 3.71.							
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)							
SIGNATURE of Applicant or Assignee of Record							
Name Reter Hemmann							
Signature VVV 1							
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	City	Minneapolis		State	MN	Zip	55416
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SIGNATURE of Applicant or Assignee of Record							
Name Helmut Heelemann							
Signature							
Date	ale 18th TiGn. 2007				Telephone		
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